FCC Form 471

Approval by OMB 3060-0806

Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.usac.org/sl.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier (Create an identifier for your own reference)	Form 471 Application #:
npc2014-2015	993508 (To be assigned by administrator)
Block 1: Billed Entity Address and Identifications	
Name of Billed Entity NEWARK PRESCHOOL COUNCIL	
2 Funding Year 2014	**
3a Entity Number 16021654	
3b FCC Registration Number 0016076226	
4a Street Address, P.O. Box, or Route Number 570 BROAD ST. 10TH FLOOR	
City NEWARK State NJ Zip Code 07102-	
4b Telephone Number (973) 848-5070	
4c Fax Number (973) 621-6051	
5a Type of Application (check only one) Individual School (individual public or non-public school)	
School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)	8
Library (including library system, library outlet/branch or library consortium as defined under LSTA)	
Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or fibral Statewide application for (enter 2-letter state code)	aries)
representing (check all that apply) C All public schools/districts in the state	
C All non-public schools in the state	i)
☐ All libraries in the state	
5b Recipient(s) of Services: - Private - Public - Charter	
Tribal F Head Start T State Agency	
Entity Number: 16021654 Applicant's Form Identifier: n	pc2014-2015
Contact Person: Karen Highsmith Contact Phone Number: (973) 848-5001
Block 1: Billed Entity Address and Identifications (continued) 6a Contact Person's Name	
Karen Highsmith	
If the Contact Person's Street Address is the same as Item 4 above, check here. In If not, complete Item 6b.	
6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 570 BROAD ST. 10TH FLOOR	
City NEWARK State NJ Zip Code 07102-	
Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked a	and an entry provided.
6c Telephone Number (973) 848 - 5001	
☐ 6d Fax Number (973) 621 - 6051 ☐ 6e E-Mail Address khighsmith@newarkpreschool.org	
Re-enter E-mail Address khighsmith@newarkpreschool.org	
6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate Lakeeyah Gore 570 Broad Street - 10th Floor Newark, NJ 07102 Igore@newarkpreschool.org	e phone, fax or E-mail address
If a consultant is assisting you with your application process, please complete item 6g below:	
6g Consultant Name Name of Consultant's Employer Consultant's Street Address	
City State Zip Code Consultant's Telephone Number Ext. Consultant's Fax Number Consultant's E-mail Address Re-enter E-mail Address Consultant Registration Number	

Entity Number: 16021654 Applicant's Form Identifier: npc2014-2015 Contact Person: Karen Highsmith Contact Phone Number: (973) 848-5001 Worksheet - 1735046 Block 4: Discount Calculation Worksheet Page 1 of 2 The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more han one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5. Check here if this worksheet contains all eligible entities in the school district or library system. 9a List entities and calculate discount(s): (For Administrator's Use School District or Library System Name: School District or Library System Entity Number 12 10 11 14 8 9 Number of Students Velghted Produitor Calculating ntity Number AND NCE ntity Number of Scho Cons tructi Total Number of Students Name of Eligible Entity Code (for Schools) or SCS Code (for Libraries) Entity o duft Education. Eligible for NSLP Outlet/Branch is Locate Col. 4) (Col. 4 x Col. 7) = ESA, D = Dormatory Schools with SCHOOLS AND LIBRARIES Library Outlet/Branch ALL ENTITIES Schools Consortia THE CENTRE 16042016 11 60 60 100 000% 90 N N N 5400 NEWARK PRESCHOOL 10980 16053798 U 122 122 90 N 100,000% N N COUNCIL ACADEMY NEWARK PRESCHOOL COUNCIL 0 0 90 N Y 16021654 U N 100.000% ALBERT BEY 16021656 U 30 30 90 N N 2700 AUDREY WEST 16021658 U 90 90 100.000% 90 N N N 8100 Н BROADWAY MINI MALL U 48 48 100.000% 90 Ν N N 4320 Н 16021663 OUR SAVIOR U 30 30 90 N N 2700 16021673 100.000% N REDEEMER 16021675 U 30 30 100.000% 90 N N N 2700 H 30 100.000% 90 N N N 2700 Н GREATER ABYSSINIAN 16021683 U 30 U 45 4050 HENRIETTA KING 16021684 45 100.000% 90 N N N HYATT COURT 16021686 U 15 15 100.000% 90 N N N 1350 Н U 30 30 100.000% 90 N N N 2700 Н IGA 16021687 2700 MT. ZION 16021695 U 30 30 100.000% 90 N N N H NAZARENE 16021696 U 30 30 100.000% 90 N N N 2700 Н 60 16021701 U 60 100.000% 90 N N N 5400 Н SHARPE JAMES ST. LUKES 16021704 U 30 30 100.000% 90 N N N 2700 Н U 30 100.000% 90 N N N 2700 Н ST. STEPHAN'S 16021705 30 30 30 ST. THOMAS U 100.000% 90 N 2700 Н 16021706 N N 16021707 U 60 60 100.000% 90 N N N 5400 Н STUYVESANT TRINITY BAPTIST 16021718 U 50 50 100.000% 90 N N N 4500 UNIFIED VAILSBURG 16021719 U 29 29 100.000% 90 N N N 2610 Н EDNA R. THOMAS U 45 45 100.000% 90 N N N 4050 Н 16041854 TELEPHONE HEIGHTS 32 32 90 N 2880 Н 16041857 U 100.000% N N 177 CENTRAL AVE 16041881 U 92 92 100.000% 90 N N N 8280 35 3150 PROVIDENCE BAPTIST 16041884 Ų 35 100.000% 90 N N N 2700 30 30 90 N Н ZION HILL 16041890 U 100.000% N N 444 CENTRAL AVE 16041928 U 45 45 100,000% 90 N N N 4050 Н 75 75 100.000% 6750 METROPOLITAN 16041933 U 90 N N N Н ST. FRANCIS 16041961 U 157 157 100.000% 90 N N N 14130 16041963 U 27 27 100.000% 90 N N N 2430 Н E. T. BOWSER MT. PLEASANT 28 90 2520 Н 16041978 U 28 100.000% N N N ELM ST. 16042013 U 30 30 100.000% 90 N N N 2700 H WISO MMM ADELAIDE L SANFORD CHARTER 75 N 6750 16045903 U 75 100.000% 90 N N H MARY E. WHEELER 16021688 U 116 116 100.000% 90 N N N 10440 Н SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of 1666 149940 90% Column 11 by the total of Column 4. Enter the result in Column 15 LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column CONSORTIA: Calculate the total of Column Divide this total by the number of member entities. Enter the result in Column 15.

Entity Number: Applicant's Form Identifier: Contact Person: Contact Phone Number: Block 4: Discount Calculation Worksheet Worksheet - 173504 Page 2 of 2 The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5. The Check here if this worksheet contains all eligible entities in the school district or library system. 9a List entities and calculate discount(s): (For Administrator's Use School District or Library System Name: School District or Library System Entity Number: 4 5 9 10 11 12 14 15 6 8 Insert appropriate odes(s): P= pre-H I = Head Start, A dult Education, J veighted Produ itity Number AND NCE Students Total Numbe of Students dents Eliaible Name of Eligible Entity Code (for Schools) or SCS Code (for Libraries) Entity of NIF Eligible for NSLP for NSLP (Col. 5 tructi Shared Discount (Col. 4 x Col. 7) Discount Entity E Outlet/Branch is Locate Col. 4) Dormatory Schools with ALL ENTITIES SCHOOLS AND LIBRARIES Library Outlet/Branch Schools Consortia 16041933 75 METROPOLITAN 11 75 100 000% 90 N N N 6750 16041935 U 17 17 100.000% 90 N N N 1530 Н HYATT COURT U 15 15 100.000% 90 N N 1350 16021686 N HENRIETTA KING 16021684 U 45 45 100.000% 90 N N N 4050 H GREATER ABYSSINIAN 16021683 U 30 30 100.000% 90 N N N 2700 Н 16021675 U 30 30 100.000% 90 N N 2700 Н REDEEMER N OUR SAVIOR 16021673 U 30 30 100.000% 90 N N N 2700 Н CARMEL TOWERS 16021667 U 40 40 100.000% 90 N N N 3600 H 48 48 90 N 4320 BROADWAY MINI MALL 16021663 U 100.000% N N H AUDREY WEST 16021658 U 90 90 100.000% 90 N N N 8100 30 30 100.000% 90 N N N 2700 Н ALBERT BEY U 16021656 NEWARK PRESCHOOL COUNCIL 16021654 U 0 0 0.000% 90 N Y N 0 H U 122 122 100.000% 90 N N N 10980 16053798 WISO MMM ADELAIDE L SANFORD CHARTER U 75 75 100.000% 90 N N N 6750 н 16045903 U 60 60 100 000% N THE CENTRE 16042016 90 N N 5400 Н U 30 100.000% 90 N N N 2700 Й 16042013 30 28 28 100.000% 90 N Н 16041978 U N 2520 MT. PLEASANT N ROSEVILL PRESBYTERIAN U 30 30 90 Н 100.000% N N N 2700 16041969 27 27 100.000% 90 2430 Н 16041963 U N N N E. T. BOWSER ST. FRANCIS 16041961 U 157 157 100.000% 90 N N N 14130 н PROVIDENCE BAPTIST U 35 35 100.000% 90 N N N 3150 H 16041884 N 444 CENTRAL AVE 16041928 U 45 45 100,000% 90 N N 4050 H TELEPHONE HEIGHTS 16041857 U 32 32 100.000% 90 N 2880 N N Н 16041854 U 45 100.000% 90 N Ν 4050 45 N Н EDNA R. THOMAS UNIFIED VAILSBURG 16021719 U 29 29 100.000% 90 N N Ν 2610 Н TRINITY BAPTIST 16021718 U 50 50 100.000% 90 N N N 4500 60 60 90 5400 STUYVESANT 16021707 U 100.000% N N N H ST. THOMAS 16021706 U 30 30 100.000% 90 N N N 2700 Н 30 30 100.000% 90 N 2700 ST. STEPHAN'S 16021705 U N N Н ST. LUKES 16021704 U 30 30 100.000% 90 N N N 2700 H 90 ST. LUCY'S 16021703 U 45 45 100.000% N N N 4050

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Entity Number: 16021654			Applicant's Form Identifier: npc2014-2015				
Contact Person: Karen Highsmit	h	Co	Contact Phone Number: (973) 848-5001				
discounts. Make as many copies of are all processed correctly. 10 If this is a duplicate Fur	est(s) ye for EACH service (Funding Request f this page as needed, and number th unding Request (e.g., of an FRN that is d enter the original FRN in the space	e completed pages to	assure tha	t they	Block 5, page 1 of 8 FRN 2711131 (to be assigned by administrator)		
11 Category of Service (only Oh		provided.	23	Calculat			
The Category of Service (Only On	ve category snould be checked)		ZS		hly charges (total amount per month for service)		
PRIORITY 1 Telecommunications Service Internet Access	PRIORITY 2 Internal Connections Other than Basic Maintenance of Internal Co				1,942.19		
		nnections		B. How	much of the amount in A is ineligible?		
191	12 Form 470 Application Number			\$	40.40		
337710001235668 13 SPIN - Service Provider	Manager Manager		Recurring	C. Eligib	le monthly pre-discount amount (A minus B)		
13 SPIN - Service Provider	dentification Number		Charges	s	1,901.79		
143000677					per of months service provided in funding year		
14 Service Provider Name				1			
					al pre-discount amount for eligible recurring charges (C x D)		
Verizon Wireless (Cellco I	Partnership)						
15a Check this box if this	Funding Request is for non-contracte	ed tariffed or month-			22,821.48 al non-recurring charges		
to-month services.					NOTE VENEZO DE VEZO NECESTA DE PRESENTA PROPERTO.		
15b Contract Number					0.00 much of the amount in F is ineligible?		
MTM				G. HOW	much of the amount in F is theligible?		
contract negotiated by a third part available to an eligible entity that p	Funding Request is covered under a y, the terms and conditions of which a purchases directly from the service pr s Funding Request is a continuation o	are then made ovider).	Non- Recurring Charges	\$	0.00		
previous funding year based on a	multi-year contract. If so, provide that			H. Annu minus G)	al eligible pre-discount amount for non-recurring charges (F		
16a Billing Account Number	r (e.g., billed telephone number)	49 03/47 13/ 802.00/4/2017/00/2012/38/6/		minus G)			
				s	0.00		
16b Check this box if there complete list of those numbers to	e are multiple Billing Account Number	s and attach a		I. Total f	unding year pre-discount amount (E + H)		
	ion/Contract Date (mm/dd/yyyy)			,	22,821,48		
(based on Form 470 fi			Total		unt from Block 4 Worksheet 90.00		
04/15/2014			Charges		ing Commitment Request (I x J)		
18 Contract Award Date (mr	n/dd/yyyy)				20,539.33		
19 Service Start Date (mm/d 07/01/2014	d/yyyy)						
20a Service End Date (mm/di 06/30/2015	d/yyyy)						
Contract Expiration Date 20b (mm/dd/yyyy)							
You MUST attach a description	ce: NOTE: All Item 21 Attachments of the service, including a breakdown ount or telephone numbers if the billed ace provided.	of components, costs	s, manufacti	urer name	make and model number. You		
22 Entity/Entities Receiving	g This Service:	 a. If the service is sit and not shared by ot the entity from Block 	hers), list th	e Entity N	umber of		
omines, with second-section of companies about appropriate	AUTOMORPHIC CO. BOTON: 16		shared by all entities on a Block 4 e worksheet number (e.g., 1): 1735046				

	r: 16021654	Applicant's	Applicant's Form Identifier: npc2014-2015					
t Perso	on: Karen Highsmith	Contact Ph	one Number: (973) 848-5001					
	(Continued): Description of Broadband and funding request	d other Connectivity Services C	rdered for Schools and Libraries from this					
		nding request <u>only</u> if requesting Telecommu types of connectivity to school and/or library	nications Services or Internet Access for the facilities.					
ঘ		s or equipment that do <u>not</u> provide broadbar basic maintenance, or requests for services	nd or connectivity. For instance, check the box if this like e-mail or phone service.					
а	for the lines included in this funding reque- form provides two additional lines per broa- number the completed pages to assure the	st. If there are multiple download speeds for adband connection category. If you need add at they are all processed correctly. A respons	se list the number of lines and average download speed the lines within one type of broadband connection, this titional space, please makes copies of this page and se to this Item is not a substitute for a complete response lem 21. Please ask your service provider if you need					
	Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps					
	2	included in this FRN	mic ii mopo					
b	If the Internet service is available to stude	nts or patrons in more than just a single local						
b	If the access is provided by wire	nts or patrons in more than just a single local	ion or office, please indicate:					

Entity Number: 16021654	Ар	Applicant's Form Identifier: npc2014-2015				
Contact Person: Karen Highsmith	Co	Contact Phone Number: (973) 848-5001				
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which discounts. Make as many copies of this page as needed, and number the completed pages are all processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, u		s to assure that they FRN 2711132 (to be assigned by administrator)				
etc.), check this box and enter the original FRN in the space provide	ded:					
11 Category of Service (only ONE category should be checked)		23	Calculat			
PRIORITY 1 PRIORITY 2 PRIORITY 2 Internal Connections Other than Basic Internal Access Internal Connections Other Internal Connections			\$	nly charges (total amount per month for service)		
12 Form 470 Application Number			B. How	much of the amount in A is ineligible?		
337710001235668			\$	24.16		
13 SPIN – Service Provider Identification Number		Recurring Charges	C. Eligib	le monthly pre-discount amount (A minus B)		
No. 19 Control of the state of		Charges	\$	1,669.62		
143000677			The same of the sa	per of months service provided in funding year		
14 Service Provider Name			4	2		
			E. Appu	al pre-discount amount for eligible recurring charges (C x D)		
Verizon Wireless (Cellco Partnership)			- 1950-1960-1760-176			
15a F Check this box if this Funding Request is for non-contracted tari	iffed or month-			20,035.44		
to-month services.			F. Annua	al non-recurring charges		
15b Contract Number				0.00		
мтм			G. How	much of the amount in F is ineligible?		
15c		Non- Recurring Charges	\$	0.00		
15d I. Check this box if this Funding Request is a continuation of an F previous funding year based on a multi-year contract. If so, provide that FRN				al eligible pre-discount amount for non-recurring charges (F		
16a Billing Account Number (e.g., billed telephone number)			minus G)			
16b Check this box if there are multiple Billing Account Numbers and	t attach a			0.00 unding year pre-discount amount (E + H)		
complete list of those numbers to this page.			i, rotari	unding year pre-discount amount (E + n)		
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)		Total		20,035.44		
(based on Form 470 hing)		Charges	J. Disco	unt from Block 4 Worksheet 90.00		
04/15/2014				ing Commitment Request (I x J)		
18 Contract Award Date (mm/dd/yyyy)		<u> </u>	L	18,031.90		
19 Service Start Date (mm/dd/yyyy) 07/01/2014				p.		
20a Service End Date (mm/dd/yyyy) 06/30/2015						
Contract Expiration Date 20b (mm/dd/yyyy)						
21 Description of This Service: NOTE: All Item 21 Attachments must You MUST attach a description of the service, including a breakdown of comust include any additional account or telephone numbers if the billed accounted. Number, and note number in space provided.	omponents, costs	s, manufacti	urer name,	make and model number. You		
and	not shared by ot	site-specific (provided to one site y others), list the Entity Number of odd 4 regarding this requires:				
b. If	the service is sh	ock 4 receiving this service: shared by all entities on a Block 4 e worksheet number (e.g., 1): 1735046				

-	nber: 16021654		Applicant's Form Identifier: npc2014-2015				
erso	on: Karen Highsmith	Contact	Phone Number: (973) 848-5001				
	(Continued):						
24	Description of Broadband and funding request	other Connectivity Services	Ordered for Schools and Libraries from this				
	Complete the information below for this fund purpose of providing broadband and other t		nunications Services or Internet Access for the ry facilities.				
	Check this box if this request is for services funding request is for internal connections, if		and or connectivity. For instance, check the box if this es like e-mail or phone service.				
а	for the lines included in this funding request form provides two additional lines per broad number the completed pages to assure that	 If there are multiple download speeds f Iband connection category. If you need a they are all processed correctly. A responsary 	hase list the number of lines and average download speed or the lines within one type of broadband connection, this dittional space, please makes copies of this page and nse to this Item is not a substitute for a complete response tem 21. Please ask your service provider if you need				
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	for the lines included in this funding request form provides two additional lines per broad number the completed pages to assure that to Item 21 but should be consistent with the assistance. Type of Connection If the Internet service is available to student 1. If the access is provided by wired	If there are multiple download speeds fibrand connection category. If you need a tithey are all processed correctly. A respunded of description of services in the response to the response t	ur the lines within one type of broadband connection, this didtional space, please makes copies of this page and nise to this item is not a substitute for a complete response of them 21. Please ask your service provider if you need Download speed per				

Entity Number: 16021654			Applicant's Form Identifier: npc2014-2015			
Contact Person: Karen Highsmith		Co	Contact Phone Number: (973) 848-5001			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which discounts. Make as many copies of this page as needed, and number the completed pages to are all processed correctly. 10		ompleted pages to	to assure that they FRN 2711154 (to be assigned by administrator)			
etc.), check this box and enter the	original FRN in the space pro	vided:				
11 Category of Service (only ONE category	should be checked)		23	Calcula		
	Connections Other than Bas				sthly charges (total amount per month for service)	
12 Form 470 Application Number				B. How	much of the amount in A is ineligible?	
		i			\$0.00	
337710001235668 13 SPIN – Service Provider Identificat	on Number		Recurring	C. Eligi	ible monthly pre-discount amount (A minus B)	
Process (Control of Control of Co	on number		Charges		\$118.02	
143030796 14 Service Provider Name				D. Num	nber of months service provided in funding year	
14 Service Provider Name		1			12	
The state of the s				E. Ann	ual pre-discount amount for eligible recurring charges (C x D)	
Verizon Enterprise Solutions LLC					\$1,416.24	
15a Check this box if this Funding R	equest is for non-contracted to	ariffed or month-		-	ual non-recurring charges	
to-month services. 15b Contract Number				١.,	\$0.00	
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МТМ					•	
15c Check this box if this Funding R contract negotiated by a third party, the term available to an eligible entity that purchases 15d Check this box if this Funding R	s and conditions of which are directly from the service provide	then made der).	Non- Recurring Charges	,	\$0.00	
previous funding year based on a multi-year			6		ual eligible pre-discount amount for non-recurring charges (F	
16a Billing Account Number (e.g., bille	d telephone number)			minus G	"	
					\$0.00	
16b Check this box if there are multiple complete list of those numbers to this page.	le Billing Account Numbers ar	nd attach a			funding year pre-discount amount (E + H)	
17 Allowable Vendor Selection/Contra	ct Date (mm/dd/yyyy)				\$1,416.24	
(based on Form 470 filing)		Ì	Total Charges		ount from Block 4 Worksheet 90.00	
04/15/2014			Charges	K. Fun	ding Commitment Request (I x J)	
18 Contract Award Date (mm/dd/yyyy					\$1,274.62	
19 Service Start Date (mm/dd/yyyy) 07/01/2014				elia 2	30/01/10/01/01/01/01/01/01/01/01/01/01/01	
20a Service End Date (mm/dd/yyyy) 06/30/2015						
Contract Expiration Date 20b (mm/dd/yyyy)						
21 Description of This Service: NOTE: You MUST attach a description of the servi must include any additional account or tele Number, and note number in space provide	ce, including a breakdown of phone numbers if the billed ac	components, costs	, manufactu	arer name	e, make and model number. You	
22 Entity/Entities Receiving This Ser	an	nd not shared by ot	site-specific (provided to one site others), list the Entity Number of the site of the service.			
	b.		shared by all entities on a Block 4 worksheet number (e.g., 1): 1735046			

Numbe	er: 16021654	Applicant's	s Form Identifier: npc2014-2015				
ct Perso	on: Karen Highsmith	Contact Ph	Contact Phone Number: (973) 848-5001				
ock 5 24	(Continued): Description of Broadband and funding request	other Connectivity Services C	Ordered for Schools and Libraries from this				
	Complete the information below for this func- purpose of providing broadband and other to		nications Services or Internet Access for the racilities.				
₽.	Check this box if this request is for services funding request is for internal connections, I		nd or connectivity. For instance, check the box if this slike e-mail or phone service.				
а	for the lines included in this funding request form provides two additional lines per broad number the completed pages to assure that	. If there are multiple download speeds for band connection category. If you need add they are all processed correctly. A respons	ise list the number of lines and average download speed the lines within one type of broadband connection, this dilloral space, please makes copies of this page and sise to this Item is not a substitute for a complete response Item 21. Please ask your service provider if you need				
	Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps				
b	If the Internet service is available to student	•					
	If the access is provided by wired connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to wired drops?%						
		connections, approximately what percenta- for this FRN will have access to a Wi-Fi sig	ge of the school classroom or public library rooms gnal?%				
С	included in the Block 4 worksheet	for this FRN will have access to a Wi-Fi sign the connections in this FRN include the la					

Entity Number: 16021654			Applicant's Form Identifier: npc2014-2015			
Contact Person: Karen Highsmith	Cor	ntact Phon	e Number: (973) 848-5001			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Reque discounts. Make as many copies of this page as needed, and number the are all processed correctly. 10	he completed pages to	assure that	Block 5, page 4 of 8 uesting they FRN 2711155 (to be assigned by administrator)			
etc.), check this box and enter the original FRN in the space	provided:		THE PARTY OF THE P			
11 Category of Service (only ONE category should be checked)		23	Calculations			
PRIORITY 1 PRIORITY 2 PRIORITY 2 Internet Access Pasic Maintenance of Internet Connections Other than			Monthly charges (total amount per month for service) \$13,411.86			
Internet Access			B. How much of the amount in A is ineligible?			
TANK TO THE REPORT OF MANY MANY PROPERTY.			\$0.00			
337710001235668		Recurring	C. Eligible monthly pre-discount amount (A minus B)			
13 SPIN – Service Provider Identification Number		Charges	\$13,411.86			
143001362			D. Number of months service provided in funding year			
14 Service Provider Name			12			
			E. Annual pre-discount amount for eligible recurring charges (C x D)			
Verizon New Jersey Inc						
15a Check this box if this Funding Request is for non-contracte	ed tariffed or month-		\$160,942.32 F. Annual non-recurring charges			
to-month services.			F. Annual non-recurring charges			
15b Contract Number			\$0.00			
MTM			G. How much of the amount in F is ineligible?			
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		Non- Recurring Charges	\$0.00			
15d Check this box if this Funding Request is a continuation of previous funding year based on a multi-year contract. If so, provide that			H. Annual eligible pre-discount amount for non-recurring charges (F			
16a Billing Account Number (e.g., billed telephone number)			minus G)			
16b Check this box if there are multiple Billing Account Number	ers and attach a		\$0.00			
complete list of those numbers to this page.			I. Total funding year pre-discount amount (E + H)			
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)		Total	\$160,942.32			
55.54.5		Charges	J. Discount from Block 4 Worksheet 90.00			
04/15/2014 18 Contract Award Date (mm/dd/yyyy)			K. Funding Commitment Request (I x J) \$144,848.09			
10 Tollings Chair and Chairman 33331						
19 Service Start Date (mm/dd/yyyy) 07/01/2014						
20a Service End Date (mm/dd/yyyy) 06/30/2015						
Contract Expiration Date 20b (mm/dd/yyyy)						
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdowr must include any additional account or telephone numbers if the bille Number, and note number in space provided.	n of components, costs	, manufacti	urer name, make and model number. You			
22 Entity/Entities Receiving This Service:	If the service is site and not shared by oth the entity from Block	hers), list th	ne Entity Number of			
	b. If the service is sho worksheet, list the wo					

r: 16021654	Applicant's	Applicant's Form Identifier: npc2014-2015				
on: Karen Highsmith	Contact Ph	one Number: (973) 848-5001				
(Continued):						
Description of Broadband and funding request	other Connectivity Services O	rdered for Schools and Libraries from this				
Check this box if this request is for services or equipment that do <u>not</u> provide broadband or connectivity. For instance, check the box if this funding request is for internal connections, basic maintenance, or requests for services like e-mail or phone service.						
for the lines included in this funding reques form provides two additional lines per broa- number the completed pages to assure tha	st. If there are multiple download speeds for lideand connection category. If you need add at they are all processed correctly. A respons	he lines within one type of broadband connection, this tional space, please makes copies of this page and e to this Item is not a substitute for a complete response				
Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps				
	Included in this LIM	Itile III wobs				
If the Internet service is available to studen	nts or patrons in more than just a single locat					
If the access is provided by wired	nts or patrons in more than just a single locat	ion or office, please indicate:				
	(Continued): Description of Broadband and funding request Complete the information below for this fun purpose of providing broadband and other. Check this box if this request is for services funding request is for internal connections, Which technology(ies) and speed(s) are be for the lines included in this funding reques form provides two additional lines per broan number the completed pages to assure that to Item 21 but should be consistent with the assistance.	(Continued): Description of Broadband and other Connectivity Services Ofunding request Complete the information below for this funding request only if requesting Telecommun purpose of providing broadband and other types of connectivity to school and/or library. Check this box if this request is for services or equipment that do not provide broadband funding request is for internal connections, basic maintenance, or requests for services. Which technology(ies) and speed(s) are being provided in this Funding Request? Pleas for the lines included in this funding request. If there are multiple download speeds for the form provides two additional lines per broadband connection category. If you need addinumber the completed pages to assure that they are all processed correctly. A respons to Item 21 but should be consistent with the description of services in the response to It assistance.				

			Applicant's Form Identifier: npc2014-2015		
Contact Person: Karen Highsmith	Co	ntact Phon	e Number: (973) 848-5001		
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Reque discounts. Make as many copies of this page as needed, and number to are all processed correctly. 10	the completed pages to	assure that			
11 Category of Service (only ONE category should be checked)	provided.	23	Calculations		
		23	A. Monthly charges (total amount per month for service)		
PRIORITY 1 PRIORITY 2 Telecommunications Service Finternal Connections Other than			\$129.99		
Internet Access I Basic Maintenance of Internal Connections			B. How much of the amount in A is ineligible?		
Simple Annual Section Section Control Sections (Control Control Contro	12 Form 470 Application Number		\$0.00		
337710001235668		Recurring	C. Eligible monthly pre-discount amount (A minus B)		
13 SPIN - Service Provider Identification Number		Charges	\$129.99		
143026397			D. Number of months service provided in funding year		
14 Service Provider Name			12		
			E. Annual pre-discount amount for eligible recurring charges (C x D)		
Verizon Online LLC					
15a Check this box if this Funding Request is for non-contract	ted tariffed or month-		\$1,559.88 F. Annual non-recurring charges		
to-month services.			489 802		
15b Contract Number			\$0.00 G. How much of the amount in F is ineligible?		
МТМ			G. Now induit of the amount in F is ineligible?		
15c Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and conditions of which available to an eligible entity that purchases directly from the service p 15d Check this box if this Funding Request is a continuation of the contraction of the c	are then made provider).	Non- Recurring Charges	\$0.00		
previous funding year based on a multi-year contract. If so, provide that			H. Annual eligible pre-discount amount for non-recurring charges (F		
16a Billing Account Number (e.g., billed telephone number)			minus G)		
8433011380		l	#0.00		
16b Check this box if there are multiple Billing Account Numbe	ers and attach a		\$0.00 1. Total funding year pre-discount amount (E + H)		
complete list of those numbers to this page. 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)			CONTROL OF THE SECOND S		
(based on Form 470 filing)		Total	\$1,559.88 J. Discount from Block 4 Worksheet 90.00		
04/15/2014		Charges			
18 Contract Award Date (mm/dd/yyyy)			K. Funding Commitment Request (I x J) \$1,403.89		
19 Service Start Date (mm/dd/yyyy) 07/01/2014					
20a Service End Date (mm/dd/yyyy) 06/30/2015					
Contract Expiration Date 20b (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the bills Number, and note number in space provided.	n of components, costs	, manufactu	urer name, make and model number. You		
22 Entity/Entities Receiving This Service:	and not shared by ot	site-specific (provided to one site y others), list the Entity Number of ock 4 receiving this service:			
		shared by all entities on a Block 4 worksheet number (e.g., 1). 1735046			

Numbe	r: 16021654	Applicant's Form Identifier: npc2014-2	015			
ct Perso	on: Karen Highsmith	Contact Phone Number: (973) 848-500	1			
	(Continued): Description of Broadband and other Connectivity studing request	Services Ordered for Schools a	and Libraries from this			
	Complete the information below for this funding request only if requesting purpose of providing broadband and other types of connectivity to school		et Access for the			
	Check this box if this request is for services or equipment that do <u>not</u> provide broadband or connectivity. For instance, check the box if this funding request is for internal connections, basic maintenance, or requests for services like e-mail or phone service.					
а	Which technology(ies) and speed(s) are being provided in this Funding I for the lines included in this funding request. If there are multiple downlo form provides two additional lines per broadband connection category. If number the completed pages to assure that they are all processed core to Item 21 but should be consistent with the description of services in the assistance.	ad speeds for the lines within one type of br f you need additional space, please makes o ectly. A response to this Item is not a substitu	coadband connection, this copies of this page and ute for a complete response			
	Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps			
	Fiber optic/OC-x	1	30			
b	If the Internet service is available to students or patrons in more than jus	st a single location or office, please indicate:				
	If the access is provided by wired connections, approximately included in the Block 4 worksheet for this FRN will have access.	s to wired drops?100_%				
	If the access is provided by Wi-FI connections, approximately vincluded in the Block 4 worksheet for this FRN will have access.		public library rooms			
С	For consortia and statewide applications, do the connections in this FRN If no above, are these connections only for backbone connections?		ool or library? ☐ Yes ☐ No			

tity Number: 16021654 Applicant's Form Identifier: npc2014-2015			orm Identifier: npc2014-2015		
ontact Person: Karen Highsmith Contact Phone Number: (973) 848-5001					
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which discounts. Make as many copies of this page as needed, and number the completed pages to are all processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, unetc.), check this box and enter the original FRN in the space provided:			s to assure that they FRN 2711169 (to be assigned by administrator)		
	provided.				
11 Category of Service (only ONE category should be checked)	[]-	23	Calculations A. Monthly charges (total amount per month for service)		
PRIORITY 1 PRIORITY 2 Internal Connections Other than Internal Access Basic Maintenance of Internal Co			\$2,046.43 B. How much of the amount in A is ineligible?		
12 Form 470 Application Number			Control of the Control of C		
337710001235668		595	\$0.00		
13 SPIN – Service Provider Identification Number		Recurring Charges	C. Eligible monthly pre-discount amount (A minus B)		
143000072			\$2,046.43		
14 Service Provider Name			Number of months service provided in funding year		
14 Software Halls			12		
			E. Annual pre-discount amount for eligible recurring charges (C x D)		
Cablevision Lightpath			\$24,557.16		
15a Check this box if this Funding Request is for non-contracted	ed tariffed or month-		F. Annual non-recurring charges		
to-month services. 15b Contract Number			\$0.00		
99-1997-201			G. How much of the amount in F is ineligible?		
MTM					
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). 18d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:		Non- Recurring Charges	\$0.00		
			H. Annual eligible pre-discount amount for non-recurring charges (F		
16a Billing Account Number (e.g., billed telephone number)			minus G)		
52972			\$0.00		
16b	rs and attach a		I. Total funding year pre-discount amount (E + H)		
complete list of those numbers to this page. 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)					
(based on Form 470 filing)		Total Charges	\$24,557.16 J. Discount from Block 4 Worksheet 90.00		
04/15/2014					
18 Contract Award Date (mm/dd/yyyy)			K. Funding Commitment Request (I x J) \$22,101.44		
	r				
19 Service Start Date (mm/dd/yyyy) 07/01/2014					
20a Service End Date (mm/dd/yyyy) 06/30/2015					
Contract Expiration Date 20b (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment 3 Number, and note number in space provided.					
22 Entity/Entities Receiving This Service:	a. If the service is site- and not shared by othe the entity from Block 4	ers), list th	e Entity Number of		
ZZ Zmity/Zmitaco recording mis cervice.			rred by all entities on a Block 4		

y Number: 16021654 lact Person: Karen Highsmith		Applicant's Form Identifier: npc2014-2015 Contact Phone Number: (973) 848-5001		
act Person: Karen Highshitti		Contact Priorie Number: (973) 646-500	1	
:k 5	(Continued):			
24 Description of Broadband and other Connectivi funding request		Services Ordered for Schools a	and Libraries from this	
	Complete the information below for this funding request only if request purpose of providing broadband and other types of connectivity to school		et Access for the	
	Check this box if this request is for services or equipment that do <u>not</u> purply funding request is for internal connections, basic maintenance, or requ			
for the lines included in this funding request. If there are me form provides two additional lines per broadband connections of the completed pages to assure that they are all provides the completed pages to assure that they are all provides the completed pages to assure that they are all provides the completed pages to assure that they are all provides the completed pages to assure that they are all provides the complete the complete that they are all provides the complete that they are the complete that they are the complete that the c				
а	Which technology(ies) and speed(s) are being provided in this Funding for the lines included in this funding request. If there are multiple down form provides two additional lines per broadband connection category, number the completed pages to assure that they are all processed cor to Item 21 but should be consistent with the description of services in translations.	oad speeds for the lines within one type of br If you need additional space, please makes or rectly. A response to this Item is not a substitu-	cadband connection, this copies of this page and ute for a complete response	
а	for the lines included in this funding request. If there are multiple down form provides two additional lines per broadband connection category, number the completed pages to assure that they are all processed cor to Item 21 but should be consistent with the description of services in the control of the c	load speeds for the lines within one type of brild you need additional space, please makes creatly. A response to this Item is not a substitute response to Item 21. Please ask your service in the response to Item 21. Please as	oadband connection, this sopies of this page and tale for a complete response ice provider if you need Download speed per	
а	for the lines included in this funding request. If there are multiple down form provides two additional lines per broadband connection category, number the completed pages to assure that they are all processed cor to Item 21 but should be consistent with the description of services in the assistance.	load speeds for the lines within one type of br If you need additional space, please makes of rectly. A response to this Item is not a substitu- ne response to Item 21. Please ask your serv	oadband connection, this copies of this page and ute for a complete response ice provider if you need	
b	for the lines included in this funding request. If there are multiple down form provides two additional lines per broadband connection category, number the completed pages to assure that they are all processed cor to Item 21 but should be consistent with the description of services in transistance. Type of Connection	load speeds for the lines within one type of brill fyou need additional space, please makes creatly. A response to this Item is not a substitute response to Item 21. Please ask your service in the response to Item 21. Please ask your service included in this FRN 1 It ist a single location or office, please indicate:	oadband connection, this sopies of this page and tale for a complete response ice provider if you need Download speed per line in Mbps	

Entity Number: 16021654	Applicant's Form Identifier: npc2014-2015				
Contact Person: Karen Highsmith	ntact Phon	tact Phone Number: (973) 848-5001			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which discounts. Make as many copies of this page as needed, and number the completed pages to are all processed correctly. 10			s to assure that they FRN 2711170 (to be assigned by administrator)		
etc.), check this box and enter the original FRN in the space	provided:				
11 Category of Service (only ONE category should be checked)		23 Calculations			
PRIORITY 1 PRIORITY 2 Internal Connections Other than Internal Access Basic Maintenance of Internal Connections Basic Maintenance of Internal Connections PRIORITY 2 Internal Connections PRIORITY 2 Internal Connections Internal Connection			Monthly charges (total amount per month for service) \$2,561.90		
12 Form 470 Application Number	Officectoris		B. How much of the amount in A is ineligible?		
			\$0.00		
337710001235668		Recurring	C. Eligible monthly pre-discount amount (A minus B)		
13 SPIN Service Provider Identification Number		Charges	\$2,561,90		
143034500			D. Number of months service provided in funding year		
14 Service Provider Name	Į		*1		
			12 E. Annual pre-discount amount for eligible recurring charges (C x D)		
OVILC					
15a Check this box if this Funding Request is for non-contracte	ed tariffed or month-		\$30,742.80 F. Annual non-recurring charges		
to-month services.			The second secon		
15b Contract Number			\$0.00		
MTM			G. How much of the amount in F is ineligible?		
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		Non- Recurring Charges	\$0.00		
15d ☐ Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:			H. Annual eligible pre-discount amount for non-recurring charges (F		
16a Billing Account Number (e.g., billed telephone number)			minus G)		
			\$0.00		
16b Check this box if there are multiple Billing Account Number	rs and attach a		I. Total funding year pre-discount amount (E + H) I. Total funding year pre-discount amount (E + H)		
complete list of those numbers to this page. 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)		i I			
(based on Form 470 filing)		Total Charges	\$30,742.80 J. Discount from Block 4 Worksheet 90.00		
04/15/2014					
18 Contract Award Date (mm/dd/yyyy)			K. Funding Commitment Request (I x J) \$27,668.52		
19 Service Start Date (mm/dd/yyyy)					
07/01/2014 20a Service End Date (mm/dd/yyyy)					
06/30/2015					
Contract Expiration Date 20b (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.					
22 Entity/Entities Receiving This Service:	a. If the service is site and not shared by oth the entity from Block	hers), list th	e Entity Number of		
b. If the service is s			shared by all entities on a Block 4 worksheet number (e.g., 1): 1735046		

Number: 16021654		Applicant's Form Identifier: npc2014-2015			
t Person: Karen Highsmith		Contact Phone Number: (973) 848-5001	Contact Phone Number: (973) 848-5001		
	(Continued): Description of Broadband and other Connective funding request	rity Services Ordered for Schools a	nd Libraries from this		
	Complete the information below for this funding request only if requesting Telecommunications Services or Internet Access for the purpose of providing broadband and other types of connectivity to school and/or library facilities.				
	Check this box if this request is for services or equipment that do <u>not</u> provide broadband or connectivity. For instance, check the box if funding request is for internal connections, basic maintenance, or requests for services like e-mail or phone service.				
			Carronna dan alam dan da		
	Which technology(ies) and speed(s) are being provided in this Fun for the lines included in this funding request. If there are multiple do form provides two additional lines per broadband connection categ number the completed pages to assure that they are all processed to Item 21 but should be consistent with the description of services assistance.	ownload speeds for the lines within one type of bro lory. If you need additional space, please makes of correctly. A response to this Item is not a substitu	padband connection, this opies of this page and te for a complete response		
	for the lines included in this funding request. If there are multiple of form provides two additional lines per broadband connection categ number the completed pages to assure that they are all processed to Item 21 but should be consistent with the description of services	ownload speeds for the lines within one type of bro lory. If you need additional space, please makes of correctly. A response to this Item is not a substitu	padband connection, this opies of this page and te for a complete response		
	for the lines included in this funding request. If there are multiple of form provides two additional lines per broadband connection categ number the completed pages to assure that they are all processed to Item 21 but should be consistent with the description of services assistance.	ownload speeds for the lines within one type of broory. If you need additional space, please makes correctly. A response to this Item is not a substituin the response to Item 21. Please ask your servi	padband connection, this opies of this page and tet for a complete response ce provider if you need Download speed per		
	for the lines included in this funding request. If there are multiple of form provides two additional lines per broadband connection categinumber the completed pages to assure that they are all processed to Item 21 but should be consistent with the description of services assistance. Type of Connection Cable If the internet service is available to students or patrons in more that	ownload speeds for the lines within one type of broory. If you need additional space, please makes correctly. A response to this Item is not a substituin the response to Item 21. Please ask your service in the response to Item 21. Please ask your service in the response to Item 21. Please ask your service in the response to Item 21. Please ask your service in the response to Item 21. Please ask your service in the response to Item 21. Please ask your service in the response to Item 21. Please ask your service in the response to Item 21. Please indicate:	padband connection, this opies of this page and tet for a complete response ce provider if you need Download speed per line in Mbps 30		
	for the lines included in this funding request. If there are multiple of form provides two additional lines per broadband connection categ number the completed pages to assure that they are all processed to Item 21 but should be consistent with the description of services assistance. Type of Connection Cable	ownload speeds for the lines within one type of broory. If you need additional space, please makes correctly. A response to this Item is not a substituin the response to Item 21. Please ask your service in the response to Item	padband connection, this opies of this page and tet for a complete response ce provider if you need Download speed per line in Mbps 30		

Entity Number: 16021654 Applic			pplicant's Form Identifier: npc2014-2015		
Contact Person: Karen Highsmith Contact		ntact Phon	ne Number: (973) 848-5001		
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which discounts. Make as many copies of this page as needed, and number the completed pages to are all processed correctly. 10 Till this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, un		to assure that they FRN 2711171 (to be assigned by administrator)			
etc.), check this box and enter the original FRN in the space	provided:				
11 Category of Service (only ONE category should be checked)		23	Calculations		
PRIORITY 1 PRIORITY 2 Telecommunications Service Internal Connections Other than			A. Monthly charges (total amount per month for service) \$1,465.96		
Internet Access Basic Maintenance of Internal Co	onnections		B. How much of the amount in A is ineligible?		
12 Form 470 Application Number 337710001235668			\$0.00		
13 SPIN – Service Provider Identification Number		Recurring Charges	C. Eligible monthly pre-discount amount (A minus B)		
143001192			\$1,465.96		
14 Service Provider Name			D. Number of months service provided in funding year		
14 Service Torigo Hamb			12		
			E. Annual pre-discount amount for eligible recurring charges (C x D)		
AT&T Corp.			\$17,591,52		
15a Check this box if this Funding Request is for non-contracte	ed tariffed or month-		F. Annual non-recurring charges		
to-month services.			Marrie Trade CN		
15b Contract Number			\$0.00 G. How much of the amount in F is ineligible?		
MTM			O, TOW MUCH OF the amount in 1 to thoughte.		
15c		Non- Recurring Charges	\$0.00		
			H. Annual eligible pre-discount amount for non-recurring charges (F		
16a Billing Account Number (e.g., billed telephone number)			minus G)		
No.			\$0.00		
16b Check this box if there are multiple Billing Account Number	rs and attach a		I. Total funding year pre-discount amount (E + H)		
complete list of those numbers to this page.		0.0	7-24087-1-100		
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)		Total Charges	\$17,591.52		
			J. Discount from Block 4 Worksheet 90.00		
04/15/2014 18 Contract Award Date (mm/dd/yyyy)			K. Funding Commitment Request (I x J) \$15,832.37		
19 Service Start Date (mm/dd/yyyy) 07/01/2014					
20a Service End Date (mm/dd/yyyy) 06/30/2015					
Contract Expiration Date 20b (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment 7 Number, and note number in space provided.					
22 Entity/Entities Receiving This Service:	and not shared by oth	site-specific (provided to one site others), list the Entity Number of ck 4 receiving this service:			
b. If the service is s			hared by all entities on a Block 4 vorksheet number (e.g., 1): 1735046		

		Applicant	Applicant's Form Identifier: npc2014-2015	
tact Person: Karen Highsmith		Contact P	Contact Phone Number: (973) 848-5001	
24	(Continued): Description of Broadband and funding request	other Connectivity Services	Ordered for Schools and Libraries from this	
	Complete the information below for this fund purpose of providing broadband and other ty		unications Services or Internet Access for the y facilities.	
	Check this box if this request is for services or equipment that do <u>not</u> provide broadband or connectivity. For instance, check the box if this funding request is for internal connections, basic maintenance, or requests for services like e-mail or phone service.			
1	PROMONE OF ME MAKES OF SERVICE SERVICES IN	an associated in this Francisco Decreasio Bla		
а	form provides two additional lines per broadt number the completed pages to assure that	If there are multiple download speeds for pand connection category. If you need ad they are all processed correctly. A respon	ase list the number of lines and average download speed the lines within one type of broadband connection, this ditional space, please makes copies of this page and use to this Item is not a substitute for a complete response Item 21. Please ask your service provider if you need	
а	for the lines included in this funding request, form provides two additional lines per broadt number the completed pages to assure that to Item 21 but should be consistent with the	If there are multiple download speeds for pand connection category. If you need ad they are all processed correctly. A respon	r the lines within one type of broadband connection, this ditional space, please makes copies of this page and use to this Item is not a substitute for a complete response	
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tity Number: 16021654 Applicant's Form Identifier: npc2014-2015				
Contact Person: Karen Highsmith	Contact Phone Number: (973) 848-5001			
I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.) a schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or b libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities. l certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).				
Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)	279666,84			
Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	251700.16			
c Total applicant non-discount share (Subtract Item 26b from Item 26a.)	27966.68			
d Total budgeted amount allocated to resources not eligible for E-rate support	0			
e Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 26c and 26d.)	27966.68			
f Check this box if you are receiving any of the funds in Item 26e directly from a se Billed Entity for this funding year, or if a service provider listed on any of the Forryou in locating funds in Item 26e.				
i certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service Or Crutify that no technology plan is required by Commission rules.				
28 F I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.				
29 F I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.				
30 ▼ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.				
✓ I certify that I and the entity(ies) I represent have compiled with all program rules, including recordkeeping requirements, and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.				

Entity N	lumber: 16021654	Applicant's Form Identifier: npc2014-2015					
Contac	Person: Karen Highsmith	Contact Phone Number: (973) 848-5001					
Block	ock 6: Certification and Signature (Continued)						
32 V	I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.						
33 №	I certify that I will retain required documents for a period of at least five years (or whatever retention period is required by the rules in effect at the time of this certification) after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.						
34 ₹	I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.						
35 ₩	I acknowledge that FCC rules provide that persons who have been convicted of their participation in the schools and libraries support mechanism are subject to reasonable measures to be informed, and will notify USAC should I be informed application, or any person associated in any way with my entity and/or the entitie held civiliy liable for acts arising from their participation in the schools and libraries.	uspension and debarment from the program. I will institute or become aware that I or any of the entities listed on this a listed on this application, is convicted of a criminal violation or					
36 F	I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).						
37 №	I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).						
38 ₹	I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.						
39	Signature of authorized person	40 Date					
41	Printed name of authorized person Karen Highsmith						
42	Title or position of authorized person Interim Executive Director						
	Check here if the consultant in Item 6g is the Authorized Person.						
43a	Street Address, P.O. Box, or Route Number 570 Broad Street -10th Floor						
	City Newark State NJ Zip Code 07102-						

Entity Number: 16021654 Contact Person: Karen Highsmith			Applicant's Form Identifier: npc2014-2015	
		h	Contact Phone Number: (973) 848-5001	
43b	Telephone Number of authorized Person (973) 84	Ext. 48-5001		
43c	Fax Number of Authorize	d Person	9	
	(973) 8	48-1993		
43d	E-mail Address of authorized Person	khighsmith@newarkpreschool.org		
	Re-enter E-mail Address	khighsmith@newarkpreschool.org		
43e	Name of Authorized Person's Employer	Newark Preschool Council, Inc.		
NOTIC	E: Section 54.504 of the Fe	deral Communications Commission's rules rec	quires all schools and libraries ordering services that are eligible for and seeking	

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100

FCC Form 471 - December 2013

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FCC Form 471 Services Ordered and Certification Form



Applicant's Form Identifier: npc2014-2015 Entity Number: 16021654 Contact Person: Karen Highsmith Phone Number: (973) 848-5001

Block 6: Certifications and Signature

Do not write in this area	

471 Application Number: 993508

25. I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

a. Schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

b. I libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools including, but not limited to, elementary, secondary schools, colleges, or universities.

26. I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed in this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

	From Item 731 on all Block 5 Luscolint Blinding Reduests 1	\$279,666.84
b.	Total funding commitment request amount on this Form 471 (Add the entries from Items 23k on all Block 5 Discount Funding Requests.)	\$251,700.16
c.	Total applicant non-discount share (Subtract Item 26b from Item 26a.)	\$27,966.68
d.	Total budgeted amount allocated to resources not eligible for E-rate support	\$0.00
e.	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 26c and 26d.)	\$27,966.68
f	Check this box if you are receiving any of the funds in Item 26e directly fr	om a sarviae provider listed

Check this box if you are receiving any of the funds in Item 26e directly from a service provider listed on any Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 26e.

27. I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

- Or I certify that no technology plan is required by Commission rules.
- 28. I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 29. I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- 30. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.
- 31. I certify that I and the entity(ies) I represent have complied with all program rules, including recordkeeping requirements, and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.
- 32. I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 33. It certify that I will retain required documents for a period of at least five years (or whatever retention period is required by the rules in effect at the time of this certification) after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 34. It certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of this program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under the Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.
- 35. I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

Bloci. 5 Print Mode Page 4 of 4

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

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Please retain a copy of this page and submit a copy with any communications to the SLD. Please enclose a copy of this confirmation page when mailing your Item 21 attachments. If you wish to submit your required Item 21 Attachment at this time using our online system, choose the icon below for the Item 21 Attachment.

Return to SLD Home Page

Create Item 21 Attachment

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Block 6 Print Mode Page 3 of 4

36. I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1),(2).

- 37. I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).
- 38. I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

39. Cert ID = 1374453	40.Date
41. Printed name of authorized person Karen Highsmith	
42. Title or position of authorized person Interim Executive Director	
Check here if the consultant in Item 6g is the Authorized Person.	
43a. Street Address, P.O Box or Route Number 570 Broad Street -10	th Floor
Newark, NJ 07102	
43b. Telephone number of authorized person: (973) 848-5001	
43c. Fax number of authorized person: (973) 848-1993	
43d. E-mail of authorized person: khighsmith@newarkpreschool.or	g
43e. Name of authorized person's employer Newark Preschool Council, Inc.	
ATTENTION: If you are signing Form 471 using the PIN assigned to you using the PIN is equivalent to your handwritten signature on the form. You certifications means that should they prove untrue, you will be held to the sthose who affirm the certifications on paper. Also, by using the PIN, you are	ur use of the PIN to affirm these same enforcement standards as re affirming that you have the
authority to make these certifications and represent the entity featured in l Please Check to affirm your compliance	Block One of this funding request.

471 Application Number: NEWARK PRESCHOOL COUNCIL 570 BROAD ST. 10TH FLOOR NEWARK, NJ 07102

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

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